

TOWN OF ARLINGTON DEPARTMENT OF PUBLIC WORKS SNOW & ICE OPERATIONS

Monday, August 26, 2019

The Town of Arlington Department of Public Works is in the process of hiring contractors for snow plowing & snow removal services for the upcoming 2019/2020 winter season. If you are interested in applying to become a contractor for the Town, please complete & return the attached application form by Monday, October 7th to:

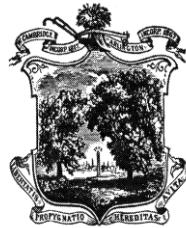
Town of Arlington Department of Public Works
ATTN: Highway Division
Attn: Jeff Rikeman, Supervisor
51 Grove Street,
Arlington, MA 02476

Upon receipt of your completed application, the Town will inspect & approve all equipment listed on your application. Additionally at that time, all approved applicants/contractors must provide an insurance certificate that meets the following minimum requirements:

- All Vehicles/Equipment must be individually listed on the Insurance Certificate by VIN number;
- The Town of Arlington must be listed as an additionally insured party while in its employ between the dates of November 1, 2019 and April 1, 2020;
- \$100,000.00 to \$300,000.00 Bodily Injury Coverage Minimum;
- \$100,000.00 Property Damage Coverage Minimum.

The Department of Public Works has adopted an early call-in commitment policy with respect to outside contractors. Whenever practical, we will attempt to contact contractors in advance or at the start of forecasted storm events. Contractors must be available by cell phone during all work hours.

If you have further questions, please contact at jrikeman@town.arlington.ma.us or 781-589-0772.



**TOWN OF ARLINGTON
DEPARTMENT OF PUBLIC WORKS
SNOW & ICE CONTRACTOR APPLICATION**

Please complete the following Application and return it by Monday, October 7th to:

*Town of Arlington Department of Public Works
ATTN: Jeff Rikeman, Highway Division
51 Grove Street,
Arlington, MA 02476*

Contractor/Company Name: _____

Street/Mailing Address: _____

City/Town: _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____

Year	Make/Model	Plow/Blade Size
1		
2		
3		
4		
5		
6		
7		
8		
9		

*** ATTACH ADDITIONAL SHEETS IF NECESSARY ***

Primary Contact: _____

Phone 1: _____ **Cell (yes/no):** _____

Phone 2: _____ **Cell (yes/no):** _____

Accepted & Approved By: _____	Date: _____
Highway Supervisor /or designee	